



The Volunteer Connection Volunteer Services Application

Instructions: Please complete and submit your application to: City of Henderson, Human Resources Department, 240 Water Street, Mail Stop #122, 2nd Floor, City Hall, Henderson, NV 89015.

How did you hear about The Volunteer Connection?

Friend/Relative Website City Employee Other _____

Name (Last, First, Middle)	Social Security Number (required for background check)	Date of Birth (required for background check)
Street Address and Unit # (if applicable)	Home Phone	Work Phone or Cell Phone
City, State, Zip	E-mail Address	
Emergency Contact (name, relationship, phone number)		
Have you ever been arrested or convicted of any crime? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)		

Volunteer Experience and Availability

Date(s)	Name of Organization	Responsibilities

I am available to begin on this date: _____ and can provide services as follows:

- Once a week
- Twice a week
- Daily
- Other _____

- Time Available -							
	Mon	Tue	Wed	Thurs	Fri	Sat	Sun
<i>a.m.</i>							
<i>p.m.</i>							

Areas of Interest

Parks & Recreation

- Youth Program
- Senior Services
- Bird Preserve
- Any Area

Office Setting

- Any City Department

Public Safety

- Fire - General
- Fire Training
- Police – Animal Shelter Only
- Police – Other

Other Setting

- Only in this department (please specify) _____

Cultural Arts & Tourism

- One-time Assignment
- Ongoing Events
- Other (please specify) _____

Education and Skills

Name of Current Employer or School (include city and state)			Highest Grade Completed
Degree(s) Held	Special Training/License(s)	Computer and Other Skills	Languages

Agreement, Consents and Releases, and Conditions

1. As a volunteer for the City of Henderson I agree to:

- Observe the policies and procedures of the City and Departments
- Participate in initial training as well as any additional training
- Notify immediate supervisor when sick and/or unable to volunteer
- Perform duties as outlined by the volunteer coordinator
- Dress in business attire suitable to the assigned tasks
- Provide adequate notice before terminating my volunteer commitment

I hereby certify that all statements made in this application are true. I acknowledge that any false statement or misrepresentation on this application will be cause for refusal of placement or immediate dismissal at any time during the period of my placement. I understand that I am working at all times on a voluntary basis without compensation and not as a paid employee, and that this agreement can be cancelled at any time by either myself or the City of Henderson.

▶ **Please initial to indicate you have read the above** _____

2. Informed Consent and Release:

I, _____, offer to volunteer my services to the City of Henderson. I realize that I will not be compensated in any way. I understand that the Department and/or I can cancel this agreement at any time. I release the City of Henderson, its employees, agents, leaders, instructors, contractors, and volunteers from any liability for loss or injury to my person or property which might occur due to negligence or other acts or omissions. This release applies to any losses or injuries which may occur as a result of, or during my participation in, volunteer service. I realize that this release is a binding contract. I have read and understand this release. I knowingly and voluntarily sign below. The City may use my photograph for any official Department publications and/or productions.

▶ Volunteer's Signature _____ Date _____

▶ Signature of Parent/Guardian, if volunteer is a minor _____ Date _____

3. Conditions

I fully understand, acknowledge and agree to the following conditions: The City of Henderson reserves the right to make the final decision on placement of volunteers. Standard background checks, in accordance with City policy, will be conducted on applicants. All statements made in this application are true and authorization is given to investigate all matters contained in this application. I authorize the City of Henderson to receive any criminal history information that may be contained in the files of any national, state, or local criminal justice agency. Any false statements or misrepresentations on this application will be cause for refusal of placement or immediate dismissal at any time during the period of my placement. I understand that the volunteer program does not qualify me for paid employment with the City of Henderson.

▶ Volunteer's Signature _____ Date _____

Thank You for your interest in The Volunteer Connection.



HENDERSON MUNICIPAL COURT
MARSHAL SERVICE
CRIMINAL BACKGROUND AUTHORIZATION

HMS 001

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To Whom It May Concern:

I authorize you to furnish the Henderson Municipal Court, Marshal Service with any and all information you have concerning me, my work record, and my reputation. In addition, you may query and release arrest, detention, warrant, citation, field interview, officer's records, jail/custody booking records, traffic accident information, police reports, and any other criminal justice records or information.

I waive my rights under Title 5, United States Code, Section 552A, Privacy Act of 1974, with the understanding that only the City of Henderson will use the information furnished.

This waiver applies to all information covered by Title 5, as well as any relevant information not covered by that statute.

I hereby release you, your organization, and others from any liability or damage, which may result from furnishing the information requested, including any liability pursuant to any state or local code or ordinance or any similar laws.

I understand I may be requested to provide arrest information and obtain documentation from other law enforcement agencies.

I further understand that failure to disclose arrests and convictions with any other agency can result in disqualification of eligibility to volunteer, contract with, or work for the City of Henderson.

Signature: _____ Date: _____

Date of Request: _____

Company: _____ Position: _____

Name (Last, First, Middle): _____

Home Address: _____

City/State/Zip: _____

Sex: _____ Race: _____ Height: _____ Weight: _____

Hair Color: _____ Eye Color: _____ Date of Birth: ____/____/____

Place of Birth (City/State): _____

Social Security Number: _____ - _____ - _____

Driver's License Number: _____ State of Issue: _____

Home Phone Number: _____ Cell Phone Number: _____

MARSHAL SERVICE USE ONLY:

Date of Arrest: _____ Charges: _____

Date of Arrest: _____ Charges: _____

Date of Arrest: _____ Charges: _____

No Warrants _____ ; Active Warrants _____

Jurisdiction: _____